Suvorexant (Belsomra)

Criteria for Use

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VA Pharmacy Benefits Management Services, Medical Advisory Panel, and VISN Pharmacist Executives

The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. **THE CLINICIAN SHOULD UTILIZE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.**

The Product Information should be consulted for detailed prescribing information.

See the VA National PBM-MAP-VPE Monograph on this drug at www.pbm.va.gov or http://vaww.pbm.va.gov for further information.

Exclusion Criteria *If the answer to ANY item below is met, then the patient should NOT receive suvorexant without local adjudication*

☐ Narcolepsy and/or cataplexy (familial or idiopathic)
☐ Concomitant therapy with **STRONG** CYP3A4 inhibitors (e.g., ketoconazole, itraconazole, ritonavir, indinavir, saquinavir, clarithromycin)
☐ Circadian rhythm sleep disorders, restless legs syndrome, parasomnia including nightmare disorder, sleep terror disorder, sleepwalking disorder, or REM behavior disorder
☐ Active substance use disorder
☐ Actively suicidal or evaluated as being a high suicide risk
☐ Untreated sleep-related breathing disorder-obstructive or central sleep apnea syndrome or central alveolar hypoventilation syndrome
☐ Severe hepatic impairment (i.e., Child-Pugh C)
☐ Concurrent use with any other sedative hypnotics for the treatment of insomnia

Inclusion Criteria:

One of the following must be fulfilled in order to meet criteria

☐ Adult patients with DSM-IV-TR diagnosis of primary insomnia or DSM-5 equivalent to insomnia disorder

OR

☐ Self-Reported ≤ 6.5 hours of total sleep time, ≥ 30 minutes in sleep onset latency on at least 3 of 7 nights in a week, ≥ 1 hour of wakefulness after sleep onset, and spends at least 7 hours nightly in bed

AND ALL of the following must be fulfilled in order to meet criteria

☐ Medication is recommended by a sleep specialist or under the care of and/or in collaboration with a locally designated VA Sleep Expert Provider.

☐ Patient has a documented Insomnia Severity Index (ISI) score ≥ 15.

- The ISI can be found on the Myhealthevet website at the following link: https://www.myhealth.va.gov/mhv-portal-web/anonymous.portal?_nfpb=true&_pageLabel=healthyLiving&contentPage=healthy_living/sleep_insomnia_index.htm

Score interpretation
0–7: no clinically significant insomnia
8–14: subthreshold insomnia
15–21: clinical insomnia (moderate severity)
22–28: clinical insomnia (severe)

☐ Cognitive behavioral therapy for Insomnia (CBT-I) on site, via telemental health or non-VA care has been tried, if available and feasible.
CBT-I Site: https://vaww.portal.va.gov/sites/OMHS/cbt_insomnia/Lists/CBTAbout/AllItems.aspx

☐ Adequate trial(s) of sedative hypnotics has been tried and failed to resolve symptoms of insomnia.

Dosage and Administration

- The recommended dose of suvorexant is 10mg, taken no more than once per night and within 30 minutes going to bed, with at least 7 hours remaining before the planned time of awakening. The maximum dose is 20 mg once daily. The lowest dose

effective to treat an individual's symptoms should be used.

- The recommended dose of suvorexant is 5mg in patients receiving moderate CYP3A inhibitors (e.g., ciprofloxacin, diltiazem, erythromycin, verapamil) and patients with moderate hepatic impairment.
- Suvorexant exposure is increased in obese (>30 kg/m2) compared to non-obese patients, and in women compared to men. Use the lowest dose possible in these populations. In obese women, the increased risk of exposure-related adverse effects should be considered before increasing the dose.

Issues for Consideration

- Risk of impaired alertness and motor coordination, including impaired driving can occur. The risk increases with dose escalation. Caution patients taking 20 mg (and even 10 mg in some adults) against next-day driving and other activities that require complete mental alertness. The risk of impairment can occur even when fully awake.
- Risk of next-day impairment including impaired driving is increased if suvorexant is taken with less than a full night of sleep remaining, if a higher than recommended dose is taken, or if co-administered with other CNS depressants or other drugs that increase the blood levels of suvorexant.
- Suvorexant has not been compared to other drugs approved to treat insomnia, so differences in safety or effectiveness between suvorexant and other insomnia medications are not known.
- No information is available on switching patients to suvorexant from current sedative hypnotic therapies.
- Attempts should be made and documented to discontinue or adjust any medications/substances known to affect sleep, or documentation as to why adjustments are not appropriate should be in the chart.
- Concurrent use with medications including over-the-counter analgesics that contain caffeine or herbal supplements for the treatment of symptoms related to insomnia should be evaluated. The presence of unstable neurological, psychiatric, and/or medical conditions should be evaluated and discussed with patient prior to considering suvorexant.
- Cognitive behavioral therapy for insomnia (CBT-I) should be considered the initial treatment for chronic insomnia disorder. If it is not available on site, it can be provided by a qualified CBT-I provider from other facilities using telemental health. Effort should be made to increase access to treatment by training local providers. If CBT-I is available and feasible, prescribers should discuss treatment options with the patient. This discussion should include the pros and cons, including short and long term benefits of CBT-I relative to medications for sleep disorders as well as patient circumstances and preferences to determine the appropriate treatment modality." (Click link for VA CBT-I Provider Roster) https://vaww.portal.va.gov/sites/OMHS/cbt_insomnia/Shared%20Documents/CBTI%20Provider%20List%20by%20VISN.docx. Veterans should be referred out for non-VA CBT-I if VA-CBT-I is not available or feasible.
- All efficacy and safety Phase 3 trials enrolled healthy patients. Minimal data using suvorexant in concomitant diseases or with drugs commonly used in this population is available.
- Suvorexant is a controlled substance. Providers should be mindful of signs and symptoms of abuse and/or dependence.
- *Obstructive Sleep Apnea:* Suvorexant was studied in 26 patients with mild to moderate obstructive sleep apnea. Following 40 mg suvorexant once-daily for four days, the apnea/hypopnea index treatment difference on day 4 between suvorexant and placebo was 2.7 (90% CI 0.22-5.09). Clinically meaningful respiratory effects of suvorexant in obstructive sleep apnea cannot be excluded. Suvorexant has not been studied in patients with severe obstructive sleep apnea.
- *Chronic Obstructive Pulmonary Disease*: (COPD): Suvorexant 40 mg in non-elderly/30 mg in elderly had no respiratory depressant effects in 25 patients with mild to moderate COPD. Clinically meaningful respiratory effects of suvorexant in COPD cannot be excluded. Suvorexant has not been studied in patients with severe COPD.
- Suvorexant is Pregnancy Category C. Suvorexant in women of childbearing potential, breastfeeding, or planning to breastfeed should only be considered if the potential benefit justifies the potential risk.

Initial Prescription/Monitoring Criteria *(All items must be fulfilled)*

☐ Initial prescription should be limited to a 30 day supply with two refills. Follow-up via a clinic visit or telephone call/telehealth within 2-4 weeks of the dispense date of prescription by the provider or a licensed healthcare professional (e.g., clinical pharmacist, registered nurse, social worker, or psychologist/psychiatrists,) should be documented to assess for changes in sleep behavior, CNS depressant effects, driving and next-day impairment, and any abnormal thinking and behavioral changes.

☐ A medical record documentation to assess for changes in sleep behavior, CNS depressant effects, driving and next-day impairment, and any abnormal thinking and behavioral changes and that patient/caregiver/family was reminded during the follow-up visit/call that somnolence, CNS depressant effects, and driving and next-day impairment can occur in the absence of symptoms. Instructions were provided and documented to patient/caregiver/family to immediately report any changes in behavior to the provider.

☐ A medical record documentation that patient experienced a clinically important benefit is required to be eligible for prescription renewal. Documentation of improvement in total sleep time, sleep onset, or sleep quality or satisfaction (e.g., and/or daytime function) after adequate therapeutic trial (1 month). (See Renewal Criteria and/or Discontinuation Criteria)

Renewal Criteria and Refill *(All items must be fulfilled)*

☐ A medical record documentation of improvement **POST** treatment in total sleep time, sleep onset, or quality of sleep compared to **PRE** treatment.

(Areas of improvement related to quality of sleep could include: affect (mood, anxiety); cognitive function (attention, memory, concentration); educational/academic or vocational/occupational functioning; social, familial, or interpersonal functioning; fatigue; daytime sleepiness; energy/motivation; somatic complaints (tension, headache, stomach upset); general distress about ongoing sleep difficulties)

☐ Ongoing assessment of treatment adherence, including follow-up appointment with provider/service who initially prescribed the medication.
☐ Patient tolerates treatment and an assessment of treatment-related side effects is documented.
☐ Maximum duration of treatment is 3 months unless there is continuation of documentation of patient benefits and acceptable risks beyond 3 months.

Discontinuation Criteria (if any of the following is checked, suvorexant should be discontinued)

☐ Incomplete or absence of a POST treatment assessment at a follow-up visit.
☐ No improvement from PRE assessment in sleep duration, sleep initiation, or quality of sleep (e.g., affect (mood, anxiety); cognition (attention, memory, concentration); educational/academic or vocational/occupational functioning; social, familial, or interpersonal functioning; fatigue; daytime sleepiness; motivation and energy; and somatic complaints (tension, headache, stomach upset) and general distress about ongoing sleep difficulties.
☐ Any abnormal thinking and behavioral changes (e.g., complex sleep behavior such as sleep-walking, sleep eating, sexual activity during sleep, making phone calls).
☐ Any treatment-related side effects (e.g., sedation during waking hours, particularly upon awakening; headache, nausea and other GI disturbances; nightmares; cognitive effects (e.g., memory loss, confusion, disorientation); psychomotor effects (e.g., dizziness, balance impairment, falls); motor vehicle and other accidents; depression).
☐ Mutual agreement between patient and/or caregiver that agent is not providing any benefit in sleep quality or satisfaction and/or daytime function.
☐ New diagnosis of severe hepatic impairment (i.e., Child-Pugh C) or narcolepsy.
☐ Initiation of any strong CYP3A4 Inhibitors.

Prepared: January 2016, July, 2016 (updated CBT-I Statement in Issues for Consideration Section) Contact: Janet H. Dailey, VA Pharmacy Benefits Management Services

For additional information on insomnia quality measures:
Edinger JD, Buysse DJ, Deriy L et al. Quality measures for the care of patients with insomnia.
http://dx.doi.org/10.5664/jcsm.4552